

Form **990EZ**
Department of the Treasury
Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-1150
2020
Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 01-01-2020, and ending 12-31-2020

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
LOGAN COUNTY FAIR ASSOCIATION

Number and street (or P. O. box, if mail is not delivered to street address) Room/suite
PO BOX 424

City or town, state or province, country, and ZIP or foreign postal code
LINCOLN, IL 62656

D Employer identification number
37-0662609

E Telephone number
(217) 732-3311

F Group Exemption Number

G Accounting Method: Cash Accrual Other (specify) _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: LOGANCOUNTYFAIRIL.COM

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(5) (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ **\$ 127,033**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

Revenue			
1	Contributions, gifts, grants, and similar amounts received	1	56,916
2	Program service revenue including government fees and contracts	2	29,997
3	Membership dues and assessments	3	
4	Investment income	4	40,120
5a	Gross amount from sale of assets other than inventory	5a	
b	Less: cost or other basis and sales expenses	5b	0
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Gaming and fundraising events		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	0
c	Less: direct expenses from gaming and fundraising events	6c	0
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less: cost of goods sold	7b	0
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe in Schedule O)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	127,033

Expenses			
10	Grants and similar amounts paid (list in Schedule O)	10	
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	6,000
13	Professional fees and other payments to independent contractors	13	
14	Occupancy, rent, utilities, and maintenance	14	89,729
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe in Schedule O)	16	21,817
17	Total expenses. Add lines 10 through 16	17	117,546
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	9,487
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	481,737
20	Other changes in net assets or fund balances (explain in Schedule O)	20	265
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	491,489

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	190,774	22	202,357
23 Land and buildings	255,704	23	254,058
24 Other assets (describe in Schedule O)	39,023	24	38,529
25 Total assets	485,501	25	494,944
26 Total liabilities (describe in Schedule O).	3,764	26	3,455
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	481,737	27	491,489

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

ACTIVITIES RELATED TO OPERATIONS OF AGRICULTURAL FAIR

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 See Additional Data Table			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		28a	
29		29a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>			
30		30a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>			
31 Other program services (describe in Schedule O)			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		31a	
32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>		32	

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
LARRY STANFIELD Director	5.00	0		
KEVIN KURTZ President	5.00	0		
MICHAEL MASKE Secretary	15.00	6,000		
WAYNE HANNER Director	5.00	0		
ROD CONKLEN Treasurer	5.00	0		
JOHN FULTON Director	5.00	0		
CLAYTON IRWIN Director	5.00	0		
DARRELL EBBERSTEN Director	5.00	0		
HERMAN SCHWANEZ Director	0	0		

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.		No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	Yes	
35b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	Yes	
35c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
37b	Did the organization file Form 1120-POL for this year?		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		No
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9		
39b	b Gross receipts, included on line 9, for public use of club facilities		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
40b	b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
40c	c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0		
40d	d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
40e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		No
41	List the states with which a copy of this return is filed. ▶		
42a	The organization's books are in care of ▶ <u>MICHAEL MASKE</u> Telephone no. ▶ <u>(217) 732-3311</u> Located at ▶ <u>119 LAFAYETTE MT PULASKI , IL</u> ZIP + 4 ▶ <u>62548</u>		

		Yes	No
42b	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ _____		No
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
42c	c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶ _____		No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		

		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		No
44b	b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		No
44c	c Did the organization receive any payments for indoor tanning services during the year?		No
44d	d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		No

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	46	No

Part VI Section 501(c)(3) Organizations Only
 All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000. ▶ _____

52 Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer	2021-05-17 Date
MICHAEL MASKE Secretary Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Robert Klemm	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00001904
	Firm's name ▶ Klemm Tax Service Inc	Firm's EIN ▶ 02-0662660			
	Firm's address ▶ 1400 Woodlawn Rd Suite A Lincoln, IL 62656	Phone no. (217) 732-6393			

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

Additional Data

Software ID: 20011551

Software Version: 2020v4.0

EIN: 37-0662609

Name: LOGAN COUNTY FAIR ASSOCIATION

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
28 ACTIVITIES RELATED TO OPERATIONS OF AGRICULTURAL FAIR (Grants \$) <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

2020**Open to Public
Inspection**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury

Internal Revenue Service

Name of the organization
LOGAN COUNTY FAIR ASSOCIATION

Employer identification number

37-0662609

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.1001	Advertising and Promotion \$585

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.1009	Depreciation \$8376

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.1	MUSIC & ATTRACTIONS \$4525

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.2	FAIR QUEEN FUND \$3851

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.3	PREMIUMS \$1621

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.4	DUES/MEMBERSHIPS \$1245

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.5	RIBBONS/TROPHIES \$634

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.6	JUDGES & ASSISTANTS \$550

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.7	CC SERVICE CHARGES \$256

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.8	BANK CHARGES \$230

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.25	4-H AUCTION \$-56

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets.1001	Automobiles - Beginning \$239 Automobiles - Ending \$76

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets.1002	Furniture and Fixtures - Beginning \$4181 Furniture and Fixtures - Ending \$3099

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets.1003	Machinery and Equipment - Beginning \$8634 Machinery and Equipment - Ending \$7460

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets.1004	Miscellaneous - Beginning \$22969 Miscellaneous - Ending \$21694

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets.1005	Accounts Receivable - Beginning \$3000 Accounts Receivable - Ending \$6200

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities.1001	Accounts Payable and Accrued Expenses - Beginning \$15 Accounts Payable and Accrued Expenses - Ending \$15

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities.1	- Beginning \$0 - Ending \$0